MATERNAL AND CHILD HEALTH INTAKE FORM

C L I E N T I N F O R M A	CLIENT NAME (Last, First, MI)		Date of Birth		Sex M F	Marital Status	SS# or ID#		
	Name of Parent (CSH) or Infant		Date of Birth		Sex M F	Marital Status	SS# or ID#		
	Street Address, Apt. No. City	s	State Zip		p	Home Telephone #	Cell Telephone #	Work Telephone #	
	Mailing Address				TANF Eligible □ Yes □ No □ TANF Ineligible Non-Citizen				
T I	Location/Directions if P.O. Box								
O N	Legal next of kin or emergency contact			Address				Telephone #	
ĺ	Physician			Address				Telephone #	
	Physician				ess	Telephone #			
	Place of Delivery (Hospital, Home, Other)			Admission Date Discharge Date					
H I S T O R Y / D X	EDC # of Pregnancies # of Deliveries Last grade of school attended Primary Language: English Other			Race: Check All that apply □ White □ Hispanic □ Non Hispanic □ African American □ Asian/Pacific Islander □ American Indian/Alaska Native					
	Concerns Addressed:				Options Discussed:				
	Gestational Age Birth Weight Head Circumference Discharge Weight Breast feeding? □ Yes □ No Hearing screening □ Pass □ Refer				Length APGARS/_ Metabolic Screen Completed □ Yes □ No				
	Active Community Resource Telephone #				Active Community Resource Telephone #				
A D M	Referral Date/Time: Referred By R	Relationshi			Telephone #				
I N	Referral Taken By ID # County Referral Given Date/Time:				Date Care Started				
	Referral Source								
D I	Follow-up (Circle): None Needed BB Prenatal NFP Prenatal Classes MDCS Welcome Home Visit CSH MHR NBIC								
S P	Declined Follow-up?								

Submit a copy to:
Maternal and Child Health
6101 Yellowstone Road, Suite 420 • Cheyenne, WY 82002
Phone: 307-777-6921 • Fax: 307-777-7215

Please send my name and necessary health information to the local Public Health Office for Welcome Home referral. Name_____ Date Address____ Household Composition for MHR, NBIC, and CSH (Clients, parents, guardian, and all people presently living at the above address) **#** Name (Last, First, MI) **Birth Date** M/F Relationship Occupation or Name of to Client **School or Developmental** Center 1 2 3 4 5 6 7 8 **Notes:**

Signature and date: